

Application for Copy of Death Record

PLEASE PRINT OR TYPE

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		
First	Middle	Last	Month	Day	Year
Age at Death	Place of Death				
	Name of Hospital or Street Address		Village, Town or City		County
Purpose of Which Record is Required?					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____ Date _____					
Address of Applicant _____					

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death
_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____		
Address _____		
City _____	State _____	Zip Code _____

Complete form and mail* with a copy of the applicant's driver's license or picture identification and a check made payable to the Town of Bedford for \$10 per copy requested. Copies can only be issued to a family member. Mail to:

Town Clerk, Town of Bedford
321 Bedford Road
Bedford Hills, NY 10507

* all mailed request must have the applicant's signature **NOTARIZED**